Fill	in this information to identify your ca	ase:			300				
De	btor 1 Margery Lee	Wakefield			_				
	btor 2								
Uni	ited States Bankruptcy Court for the	: WESTERN DISTRIC	T OF MICHIGAN						
Ca	ase number 17-00003					Check if this is:			
(If kr	nown)		An amended filing						
								postpetition llowing date:	chapter
0	fficial Form 106I					MM / DD/ Y	YYY		
S	chedule I: Your Inc	ome							12/15
spo atta Pa	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. 11: Describe Employment	r spouse is not filing w	ith you, do not inclu	ide infor	mation	about your spo	use. If mo	re space is r	needed.
1.	Fill in your employment information.	Debtor 1			Debtor 2	Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed			☐ Emplo	☐ Employed		
		Occupation	☐ Not employed			☐ Not er	☐ Not employed		
	employers.		customer service						
	Include part-time, seasonal, or self-employed work.	Employer's name	Peckham & CM	IH (State	e)				
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed t	there? 1 year	+					
Par	t 2: Give Details About Mor	nthly Income							
Esti spoi	mate monthly income as of the dause unless you are separated.	ate you file this form. If	you have nothing to r	report for	any line	e, write \$0 in the	space. Incl	ude your non	ı-filing
lf yo	u or your non-filing spouse have mo e space, attach a separate sheet to	ore than one employer, co	ombine the informatio	on for all e	employe	ers for that perso	n on the lin	es below. If y	ou need
					Fo	or Debtor 1	For Deb	tor 2 or ig spouse	
2.	List monthly gross wages, salad deductions). If not paid monthly, or	ry, and commissions (b calculate what the month	efore all payroll ly wage would be.	2.	\$	2,182.59	\$	N/A	
3.	Estimate and list monthly overti	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income Add lin	ne 2 + line 3		1	9	2 492 50	c	NIZA	

Debto	or 1	Margery Lee Wakefield	-7	Case number (if known)	17-00003	<u> </u>			
	Cor	by line 4 here	4.	For Debtor 1	For Debt	g spouse			
28		•	4.	\$ 2,182.59	5	N/A			
5.	List	t all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$ 427.27	\$	N/A			
	5b.	Mandatory contributions for retirement plans	5b.	\$ 0.00	\$	N/A			
	5c.	Voluntary contributions for retirement plans	5c.	\$ 0.00	\$	N/A			
	5d.	Required repayments of retirement fund loans	5d.	\$ 0.00	\$	N/A			
	5e. 5f.	Insurance	5e.	\$ 60.47	\$	N/A			
	5g.	Domestic support obligations Union dues	5f.	\$ 0.00 \$ 0.00	\$	N/A			
	5h.	Other deductions. Specify:	5g. 5h.+	0.00		N/A N/A			
6			-	AL NAMED OF					
		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ 487.74	\$	N/A			
7.	Cai	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	s <u>1,694.85</u>	\$	N/A			
8.	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$ 0.00	s	N/A			
	8b.	Interest and dividends	8b.	\$ 0.00	\$	N/A			
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ 0.00	\$	N/A			
	8d.	Unemployment compensation	8d.	\$ 0.00	\$	N/A			
	8e.	Social Security	8e.	\$ 1,126.00	\$	N/A			
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$ 0.00	s	N/A			
	8g.	Pension or retirement income	8g.	\$ 0.00	\$	N/A			
	8h.	Other monthly income. Specify:	8h.+	\$ 0.00	+ \$	N/A			
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$1,126.00	s	N/A			
10	Cal	culate monthly income. Add line 7 + line 9.	10. \$	2 222 25					
		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	2,820.85 + \$	N/	'A = \$ 2,820.85			
11.	1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00								
12.	Add Writ app	ncome. a, if it	2. \$ 2,820.85						
13.	Do	you expect an increase or decrease within the year after you file this form'	?			Combined monthly income			
	_	Vac Evolain:							

Official Form 106I Schedule I: Your Income page 2